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Docket No.: 57987US002

32692

Customer Number

Request for Continued Examination (RCE) Transmittal

Mail Stop RCE
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

First Named Inventor: Kropp, Michael A.

Application No.: 10/723827

Group Art Unit: 1711

Filed: November 26, 2003

Examiner: S. Berman

Title: Cationically Curable Composition

This is a Request for Continued Examination (RCE) under 37 CFR § 1.114 of the above-identified application.

1. Submission required under 37 CFR § 1.114a. ☒ Previously submitted

i. ☒ Consider the amendment(s)/reply under 37 CFR § 1.116 previously filed on February 21, 2006
 (Any unentered amendment(s) referred to above will be entered)

ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on

iii. ☐ Other

b. ☒ Enclosed

i. ☒ Amendment/Reply

ii. ☐ Affidavit(s)/Declaration(s)

iii. ☐ Information Disclosure Statement (IDS)/Supplemental IDS

iv. ☐ Other

2. ☒ A Request for Extension of Time is being filed concurrently

3. Fees (The RCE fee under 37 CFR § 1.17(e) is required by 37 CFR § 1.114 when the RCE is filed.)

a. ☒ The Director is hereby authorized to charge the following fees or credit any overpayments to:

Deposit Account No. 13-3723. A duplicate copy of this letter for fees processing is enclosed.

i. ☒ RCE fee required under 37 CFR § 1.17(e)

ii. ☐ Other: The RCE fee required under 37 CFR § 1.17(e) will be made at the time of submission via EFS-Web.

Respectfully submitted,

April 20, 2006
 Date

By:

Lucy C. Weiss
 Lucy C. Weiss, Reg. No.: 32,834
 Telephone No.: 651-733-1189

Office of Intellectual Property Counsel
 3M Innovative Properties Company
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Certificate of Mailing or Transmission	
I certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on the date indicated below:	
Sent to Facsimile No.: 571-273-8300	Signature: <u>Lydia M. Cahill</u>
Date: April 20, 2006	Printed Name: Lydia M. Cahill

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PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10 723 822

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	24	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	24 minus 20 =	4
INDEPENDENT CLAIMS	3 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

9/23/05 CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	24	24	0
Independent	3	6	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	385.00	OR	BASIC FEE	770.00
X5 9=		OR	X518=	72
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL		OR	TOTAL	842

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X5 9=		OR	X518=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL		OR	TOTAL	

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X5 9=		OR	X518=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL		OR	TOTAL	

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X5 9=		OR	X518=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL		OR	TOTAL	

2/21/06

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	24	24	0
Independent	3	6	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

4/20/06

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	21	24	0
Independent	3	6	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.